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|--------------------------------------------------------|------------------------|--------------------------|
| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT | Application Number | 09/754,650 |
| | Filing Date | January 3, 2001 |
| | First Named Inventor | Eric E. Del Sesto |
| | Group Art Unit | 2611 |
| | Examiner Name | Christopher M. Lambrecht |
| | Attorney Docket Number | 19502-04558 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to, and has requested, termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ **Change the correspondence address and direct all future correspondence to customer number 44367**

☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Brian M. Hoffman

Signature

Date

*NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*